

**WOLCOTT PLANNING AND ZONING COMMISSION
APPLICATION FOR APPROVAL OF SUBDIVISION OR RESUBDIVISION**

Application # _____ Fee Paid \$ _____ **(Plus \$60.00 State Fee)**

Date Received _____ Rec'd by _____

The undersigned hereby applies to the WOLCOTT PLANNING AND ZONING COMMISSION for approval of a subdivision or resubdivision under the Subdivision Regulations and provides the following information as part of the application:

Applicant: _____

Address: _____

Phone: _____

If Applicant represents a firm, corporation or partnership, full name of same:

Owner of Record: _____

Address: _____ Tel. # _____

Land Surveyor Name _____

Address: _____ Tel. # _____

Engineer Name _____

Address: _____ Tel. # _____

Subdivision Map: Title _____ Date _____

Construction Plans: Title _____ Date _____

Property:

Is this application for a resubdivision? Yes _____ No _____

Location _____

Assessor's Map # _____ Lot # _____ Block # _____

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Area to be subdivided _____

Describe any existing easements or deed restrictions which affect the layout:

Has any zoning variance been granted concerning this property? _____

If so, describe in full _____

Proposals:

Number of Lots _____ Zone _____ Is a new street proposed? Yes _____ No _____

Open Space to be reserved for parks and playgrounds _____ acres.

Are streets and open space to be dedicated to the town? Yes _____ No _____

Will lots be served by: Public Water Supply? Yes _____ No _____

Sanitary Sewers? Yes _____ No _____

This application is accompanied by the following additional maps, reports or documents:

CHESPROCOTT HEALTH DISTRICT

Approval _____ Date _____

Denied _____ Date _____

Comments: _____

INLAND/WETLAND

Approval _____ Date _____

Denied _____ Date _____

Comments _____

The Owner and the Applicant hereby grant the Wolcott Planning and Zoning Commission and the Town Engineer and their authorized agents permission to enter upon the property proposed for subdivision or resubdivision under this Application for the purpose of inspection, the conduct of tests and other actions related to the enforcement of the Subdivision Regulations of the Town of Wolcott.

Signed: _____ Signed: _____

(Applicant)

(Owner)

By _____ By _____

(Print Name)

(Print Name)

Date

Date

As you have agreed to provide a fee in lieu of land for all or a portion of the 10% open space required for your subdivision application, please note that you must comply with the following:

- The Appraiser must be a Certified General Real Estate Appraiser that is licensed with the State of Connecticut.

The Appraiser agreed upon by the Applicant and the Planning and Zoning Commission must submit a Letter of Good Standing from the State of Connecticut with the Appraisal.

The Property Rights is the Fee Simple Estate.

The report must be a Complete Self-Contained Appraisal.

- The Appraisal must be submitted within 60 days of the approval by the Planning and Zoning Commission.